



INCIDENT REPORT BOILER OR PRESSURE VESSEL

Incident # _____

Type of Vessel		Date of incident
Name of business		Type of business
Address of business		
Contact Name	Phone	FAX
Vessel Manufacturer		Year built
National Board #	S/N	Jurisdiction #

MAWP _____ @ _____ F deg Operating Pressure _____

Certificate expiration date _____ Certificate on site? ☐ Yes ☐ No

Type of Incident	
Primary Cause	
Injuries/Fatalities?	Property damage?
Were previous repairs/alterations made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of "R-1, R-2" form available? <input type="checkbox"/> Yes <input type="checkbox"/> No

Were previous violations reported? ☐ Yes ☐ No

Incident Summary (Provide detailed summary with any drawings, pictures, witness statements, etc.)
Attach additional documentation as necessary.

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Submitted by	National Board Commission
Affiliation	